

A study on occupational safety and health among online delivery riders

INTRODUCTION AND INFORMED CONSENT

Participant Information Sheet

Tata Institute of Social Sciences, Mumbai

I am Sumit Yadav, a Tata Institute of Social Sciences, Mumbai student. As a part of my course curriculum Master of Public Health- Health Administration. I am undertaking this research in Gurgaon district, Haryana.

The study aims to understand the occupational hazards and health risk and preventive and safety measures among online delivery riders. I am here to seek your cooperation for the same. The study involves conducting in-depth interviews asking you questions about your living conditions, working conditions, health and social protection available. This study will help to understand the health issues of the riders and the factors making them vulnerable and susceptible to health issues. If there are words in the consent form that you don't understand, please feel free to ask me to pause as we review it together. I will take the time to explain any unfamiliar terms. If you have any questions about the study after our discussion, you can also reach out to me for clarification.

I am reaching out to you because of your role as an online delivery rider. Your participation is essential for the completion of this study. However, your decision to take part is completely voluntary, and I will not exert any influence on your choice. If you agree to participate, rest assured that the information you provide will be kept confidential and accessible only to the researchers involved in this study. To protect your identity and privacy, your name and address will not be recorded. You have the right to decline to answer any questions or withdraw from the study at any time.

Participating in this study will involve a 10-15 minute survey questionnaire at a time and place of your convenience. Your involvement will not result in any direct financial benefit, but it will greatly contribute to understanding the occupational safety and health in online delivery riders. Your participation, interest, and time are greatly appreciated for this study.

* Required

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Research on- A Study on occupational safety and health among online delivery riders in Gurgaon, Haryana

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Participating in this study will involve a 25-30 minute interview at a time and place of your convenience. Your involvement will not result in any direct financial benefit, but it will greatly contribute to understanding the occupational safety and health in online delivery riders. Your participation, interest, and time are greatly appreciated for this study.

1. I confirm that I have reviewed the participant information sheet, which has been explained to me in my language. I understand that the study will involve discussing my living and working conditions as they relate to my health and social circumstances. All my questions have been addressed satisfactorily. I willingly consent to participate in the study. *

☐ Agree

☐ Disagree

2. Name of the respondent *

3. Respondent's phone number *

4. Block/Taluk *

5. District *

6. Date of interview *

Socio-economic and demographic details

7. What is your age (as in completed years as of last birthday)?

8. Gender

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ Prefer not to say

9. Category

- ☐ General
- ☐ OBC
- ☐ SC
- ☐ ST

10. Highest level of education completed

- ☐ Illiterate/ No formal Education
- ☐ Primary
- ☐ Secondary
- ☐ Higher Secondary
- ☐ Diploma/Associate degree
- ☐ Under graduation
- ☐ Post graduation
- ☐ Other

11. Marital status

- ☐ Single/Unmarried
- ☐ Married
- ☐ Divorced/Separated
- ☐ Widowed

12. Family type

- ☐ Nuclear
- ☐ Joint

13. No. of dependents (family members who don't earn)?

14. Residence *

- ☐ Rural
- ☐ Urban
- ☐ Slum

15. Does your family own agricultural land? *

- ☐ Yes
- ☐ No

16. What is your annual Family income from all sources? (Rs.)

17. What type of house you currently live in?

- ☐ Kutcha
- ☐ Semi- Kutcha
- ☐ Semi-pakka
- ☐ Pakka

18. Are you an internal migrant (does not have valid domicile of Gurgaon, Haryana)? *

- ☐ Yes
- ☐ No

19. Which religious belief do you follow? *

- ☐ Hindu
- ☐ Islam
- ☐ Christian
- ☐ Sikh
- ☐ Jain
- ☐ Buddhist
- ☐ Don't want to answer
- ☐ Other

Occupational Details

20. How long have you been working as a delivery rider?

- ☐ Less than a year
- ☐ 1 year
- ☐ 1-2 year
- ☐ More than 2 years

21. Types of jobs

- ☐ Full-time
- ☐ Part time
- ☐ Not applicable

22. On average, how many hours do you work per day?

- ☐ Less than 6 hours
- ☐ 6-8 hours
- ☐ 8-10 hours
- ☐ 10-12 hours
- ☐ More than 12 hours

23. On average, how many days do you work per week?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7

24. How many deliveries on an average you complete in a day?

- ☐ Less than 10
- ☐ 10 - 20
- ☐ 20-30
- ☐ 30-40
- ☐ 40-50
- ☐ More than 50

25. Do you work for one or multiple delivery platforms?

- ☐ One platform
- ☐ Multiple platforms

26. Which delivery platform do you work for? *

- ☐ Amazon
- ☐ Flipkart
- ☐ Zomato
- ☐ Swiggy
- ☐ Dominos
- ☐ Blinkit
- ☐ Zepto
- ☐ Bigbasket
- ☐ Rapido
- ☐ Uber moto
- ☐ Ola bike
- ☐ Bluedart
- ☐ Delhivery
- ☐ EComm express
- ☐ FedEx
- ☐ DTDC
- ☐ DHL
- ☐ E-Kart

27. Do you work during the day, night, or both?

- ☐ Daytime (6:00 AM - 6:00 PM)
- ☐ Nighttime (6:00 PM - 6:00 AM)
- ☐ Both
- ☐ No fixed schedule

28. What type of delivery schedule do you have?

- ☐ Time-bound (with specific delivery deadlines)
- ☐ Time-flexible (without specific delivery deadlines)
- ☐ Both

29. What is your pay structure?

- ☐ Fixed salary
- ☐ Hourly wage
- ☐ Per delivery rate
- ☐ Distance based pay
- ☐ Commission based pay
- ☐ Guaranteed minimum earnings
- ☐ Other

30. What is the type of transport mode you use for delivery?

- ☐ Walking
- ☐ Bicycle
- ☐ Electric bike
- ☐ Scooters
- ☐ Motorcycle
- ☐ Car/Van

31. Are you involved in any other occupation other than delivery? *

- ☐ Yes
- ☐ No

32. What is your monthly income (in rupees)?

Occupational Health

Physical Health

33. Physical Health

	Never	Rarely(once a month or less)	Occasionally(2-3 times a month)	Frequently(once a week or more)	Always
Muscle pain (back, shoulder, neck, legs etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint pain (knees, ankles, wrists)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue / Low energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injuries (e.g., cuts, bruises, fractures)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty breathing/Wheezing/Increased coughing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest pain/shortness of breath/ Palpitations (feeling like your heart is racing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Road Traffic accident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness or headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mental Health

34. Stress (Perceived stress scale) *

Instructions: For each question choose from the following alternatives

	0-Never	1-Rarely	2-Sometimes	3- Fairly often	4-Very Often
In the last month, how often have you been upset because of something that happened unexpectedly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt nervous and stressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you found that you could not cope with all the things that you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you been able to control irritations in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that you were on top of things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you been angered because of things that happened that were outside of your control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

your control.

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

☐

☐

☐

☐

☐

35. Anxiety (Generalized anxiety disorder scale) *

Instructions: Over the last two weeks, how often have you been bothered by the following problems

	0 – Not at all	1 – several days	2 – More than half the days	3 – Nearly every day
Feeling nervous, anxious, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid, as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Frequency of Mental health symptoms *

	Never	Rarely (once a month or less)	Occasionally (2-3 times a month)	Frequently (once a week or more)	Constantly
Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Burnout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Social Health

37. Do you face abuse or violence during worktime?

- ☐ Never
- ☐ Rarely (once a month or less)
- ☐ Occasionally (2-3 times a month)
- ☐ Frequently (once a week or more)
- ☐ Constantly

38. Do you feel isolated due to the nature of your work as a delivery rider?

- ☐ Yes
- ☐ No
- ☐ Sometimes

39. How satisfied are you with your social life as a delivery rider?

- ☐ Very dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat satisfied
- ☐ Very satisfied

Social Network

40. How many close friends (people you feel comfortable confiding in) do you have?

- ☐ 0-1
- ☐ 2-3
- ☐ 4-5
- ☐ 6 or more

41. How often do you socialize with friends or family (in person or virtually)?

- ☐ Never
- ☐ Less than once a week
- ☐ Weekly
- ☐ Daily
- ☐ Monthly
- ☐ Seasonal
- ☐ Yearly

42. How satisfied are you with the size and quality of your social network?

- ☐ Very dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat satisfied
- ☐ Very satisfied

43. Do you feel like you belong to a community or group (e.g., neighbourhood, online group, club)?

☐ Yes

☐ No

☐ Maybe/somewhat

Social Support (perception and experience of being cared for, valued, and having access to help from others)

44. How often do you feel like you have people to rely on for help and support when needed?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

45. How satisfied are you with the emotional support you receive from your social network?

- ☐ Very dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat satisfied
- ☐ Very satisfied

46. How comfortable are you asking for help from others when you need it?

- ☐ Very uncomfortable
- ☐ Somewhat uncomfortable
- ☐ Neither comfortable nor uncomfortable
- ☐ Somewhat comfortable
- ☐ Very comfortable

47. To what extent do you feel your social network understands and accepts you for who you are?

- ☐ Not at all
- ☐ To a small extent
- ☐ Somewhat
- ☐ To a large extent
- ☐ Completely

Occupational hazards and health risks

48. Have you ever been involved in a traffic accident while working as a delivery rider?

☐ Yes

☐ No

49. How often do you encounter the following traffic situations while delivering?

	Never	Rarely	Occasionally	Frequently	Always
Aggressive or reckless drivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distracted drivers (e.g., using phones)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor road conditions (e.g., potholes, lack of signage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traffic congestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dangerous intersections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low visibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. How often do you encounter the following environmental situations while delivering?

	Never	Rarely	Occasionally	Frequently	Always
Noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air pollution and vehicular emission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extreme heat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hazardous chemicals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extreme cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. Are you involved in any of the following during the work?

- ☐ Smoking
- ☐ Alcoholism
- ☐ Chewing Tobacco
- ☐ Any other Psychotropic substances
- ☐ None

Prevention and safety

52. Do you use any of the following safety measures while working as a delivery rider? (Select all that apply)

- ☐ Following traffic rules
- ☐ Using a proper helmet and reflective gear at night
- ☐ Planning routes to avoid unsafe areas
- ☐ Taking breaks to avoid fatigue
- ☐ None

53. Question

	Yes	No
Helmet	<input type="radio"/>	<input type="radio"/>
Reflective vest	<input type="radio"/>	<input type="radio"/>
Face mask	<input type="radio"/>	<input type="radio"/>
Safety Training	<input type="radio"/>	<input type="radio"/>
Health insurance	<input type="radio"/>	<input type="radio"/>
Life insurance	<input type="radio"/>	<input type="radio"/>
Accidental insurance	<input type="radio"/>	<input type="radio"/>
First-aid kit	<input type="radio"/>	<input type="radio"/>
Raincoat/windc heater	<input type="radio"/>	<input type="radio"/>
Sweater/ Jacket	<input type="radio"/>	<input type="radio"/>
sunglasses	<input type="radio"/>	<input type="radio"/>
Waterproof shoes	<input type="radio"/>	<input type="radio"/>
Elbow and Knee guard	<input type="radio"/>	<input type="radio"/>
Paid sick leaves	<input type="radio"/>	<input type="radio"/>
Medical bills reimbursement	<input type="radio"/>	<input type="radio"/>

54. Does your company offer training on safety protocols for handling packages, navigating traffic, and interacting with customers?

☐ Yes

☐ No

55. If yes, how helpful was the training in preparing you for safe riding conditions?

☐ Not helpful at all

☐ Somewhat helpful

☐ Neither helpful nor unhelpful

☐ Somewhat unhelpful

☐ Very helpful

56. Does your company have clear policies on reporting accidents, injuries, or safety concerns?

☐ Yes

☐ No

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